North West LHIN

Leading Transformation Through Collaboration

2013 - 2014 Annual Report

Ontario
Local Health Integration Network

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Message from the Chair and CEO

We are pleased and proud to present the 2013-2014 Annual Report for the North West Local Health Integration Network (LHIN). This document provides highlights of another exciting year spent in collaboration with the many partners who share the system goal of creating healthy change with all of the region's residents.

As the organization responsible for planning, funding and integrating local health systems for the vast region of Northwestern Ontario, it should come as no surprise when we say that *value* is a frequent topic of conversation in the North West LHIN's daily operations. We always strive to optimize value for money spent when making decisions about health care investments. We remain firmly committed to listening to communities to make sure the values they hold regarding the health care they deliver and receive are reflected in our planning efforts. And the guiding principle behind all of our efforts lies in the values that anchor the LHIN mandate: building a health care system that is person-centred, culturally sensitive, sustainable, accountable, collaborative, and innovative. To achieve this mandate, we continue to direct our efforts and energy in support of the North West LHIN strategic directions related to improving health outcomes resulting in healthier people, increasing access to care as close to home as possible, improving quality and the patient experience, and building a culture of accountability and performance in the system. As a new year of health system planning and transformation begins, we welcome the opportunity to reflect on the value the North West LHIN brought to local health care systems over the past year.

The North West LHIN was a team in perpetual forward motion throughout 2013-2014, as we continued to work with our health system partners and communities to implement the recommendations of the Health Services Blueprint, our made-in-the-north, 10-year plan to reshape, strengthen, and sustain the health care system in Northwestern Ontario. Implementation activities were also advanced with the introduction of Health Links, a provincial initiative to improve access to coordinated, personalized care for complex, high-needs patients. The North West LHIN celebrated the official launches of three Health Links this past year, and began preparatory work to initiate the two remaining Health Links in 2014-2015.

Like many other Ontario health systems, rising costs and increasing challenges compel us to be creative in the ways that we deliver health services. In the past 12 months, we have taken great strides to steward the improvement of access to care through continued investments in unique, northern solutions. More people than ever are taking advantage of telemedicine and participating in telehomecare programs supporting chronic disease self-management. Programs such as Behavioural Supports Ontario remain a pivotal source of support for individuals and families coping with responsive behaviours associated with dementia, mental illness, and other neurological conditions, and mobile units continue to bring care closer to home for people in our region who live in remote and rural areas.

Though many of the innovations and achievements throughout this report give cause for reflection and celebration, we know we must focus on the path forward. Our health care system is poised for significant transformation, but change doesn't rest with the North West LHIN and health service providers alone – change is also in the hands of local communities. We look forward to another year of working in partnership with communities throughout our region to build a better system of care for all residents of Northwestern Ontario.

We find it fitting to close our annual message the same way we began – by emphasizing the importance of value in our day-to-day work. Each day we are privileged to work with compassionate health service providers committed to serving patients and their families during times of greatest need. We also value the work of the North West LHIN Board and staff, who continue to inspire us with their extraordinary dedication, vision, insight, and leadership in the face of challenging statistics, difficult decisions, and tremendous opportunities for innovation. We remain sincerely grateful for their tireless commitment to service and health care transformation.

Joy Warkentin
Chair

Laura Kokocinski
CEO

Board of Directors

The North West LHIN is governed by a nine-member skills-based Board of Directors, appointed by Order-in-Council. Through the Chair to the Minister of Health and Long-Term Care, the Board is accountable for the LHIN's use of public funds, for achieving results through the execution of its strategic directions, and for the performance of the local health system.

People are at the heart of the decisions made by the Board of Directors, whose members represent the regional voice as they live and work in the very communities they serve.

The North West LHIN's Board of Directors has adopted a policy governance framework with a focus on:

- Optimizing Health
- Optimizing the Care Experience
- Optimizing Resources

Our Strategic Directions

In 2013, the North West LHIN Board of Directors released its new three-year Strategic Plan entitled, *2013-2016 North West LHIN Board Strategic Plan: Transforming and Building an Integrated Health System*.

The plan outlines four strategic directions:

1. Improved health outcomes resulting in healthier people;
2. Access to health care that people need, as close to home as possible;
3. Continuous quality improvement; and
4. A system-wide culture of accountability.

Introducing the North West LHIN's Board of Directors

Joy Warkentin
Chair
Thunder Bay
Term: January 27, 2013 to January 26, 2016

Anne Krassilowsky
Vice Chair
Dryden
Term: May 17, 2011 to June 30, 2013

Reg Jones
Secretary
Thunder Bay
Term: April 18, 2011 to April 17, 2014

Tina Copenace
Kenora
Term: October 18, 2012 to October 17, 2015

Cathy Farrell
Thunder Bay
Term: April 24, 2013 to April 23, 2016

Dennis Gushulak
Ear Falls
Term: July 28 , 2010 to July 26, 2016

Dan Levesque
Geraldton
Term: April 18, 2011 to April 17, 2014

Dianne Loubier
Ignace
Term: August 21, 2011 to August 20, 2016

Dianne Miller
Acting Vice-Chair
Thunder Bay
Term: November 18, 2012 to November 17, 2015

OUR MISSION

Develop an innovative, sustainable, and efficient health system in service to the health and wellness of the people of the North West LHIN.

OUR VISION

Healthier people, a strong health system – our future.

OUR VALUES

1. Person-Centered
2. Culturally Sensitive
3. Sustainable
4. Accountable
5. Collaborative
6. Innovative

Introduction

Transformation is a word that summarizes 2013-2014 at the North West LHIN. As noted earlier, the North West LHIN's Board of Directors introduced the 2013-2016 Board Strategic Directions: Transforming and Building an Integrated Health System. The North West LHIN Board of Directors and the Senior LHIN Team worked collaboratively with the public, system users, stakeholders, and health service providers building upon the Triple Aim Framework that focuses on three key elements: Optimizing Health, Optimizing Care Experience, and Optimizing Resources.

Legend
Access to and Integration of Services
• Emergency Department & Alternate Level Care
• Primary Care
• Specialty Care & Diagnostic Services
• Chronic Disease Prevention & Management
• Long-Term Care Services
• Mental Health & Addictions Services
People of Northwestern Ontario
• Aboriginal Health Services
• French Language Health Services
Enablers
• Health Human Resources
• eHealth
• Integration of Services along the Continuum of Care
Triple Aim Framework
Optimizing Health
Optimizing Care Experience
Optimizing Resources
Integration
People of Northwestern Ontario

This was the first year of the North West LHIN's 2013-2016 Integrated Health Services Plan (IHSP), a three-year plan designed to reflect provincial Action Plan priorities, as well as the unique nature of health care in Northwestern Ontario. The IHSP takes into account the specific needs of the North West LHIN's population, and contains a number of high-level strategies to advance both provincial and local health system objectives over the next three years.

Over the past year, the North West LHIN has leveraged Health Links - a provincial initiative that places people at the centre of the system of care - in order to accelerate the implementation of the North West LHIN's Health Services Blueprint. Introduced in 2012, the Health Services Blueprint is the LHIN's innovative, 10-year plan to reshape, strengthen and transform health care in Northwestern Ontario. In the North West LHIN, the five Health Links are aligned with the Integrated District Networks described in the Health Services Blueprint. Both Health Links and the Health Services Blueprint focus on reducing avoidable visits to hospital by providing the right care in the right place at the right time. Strategic integration of the system through Health Links and the Health Services Blueprint will:

- Improve access to health care services;
- Improve the quality of health care services;

- Enhance the health of the region's residents through a system model that brings decision-making and accountability closer to the community level; and
- Make the system more sustainable, ensuring a world-class health care system today, tomorrow, and in the future.

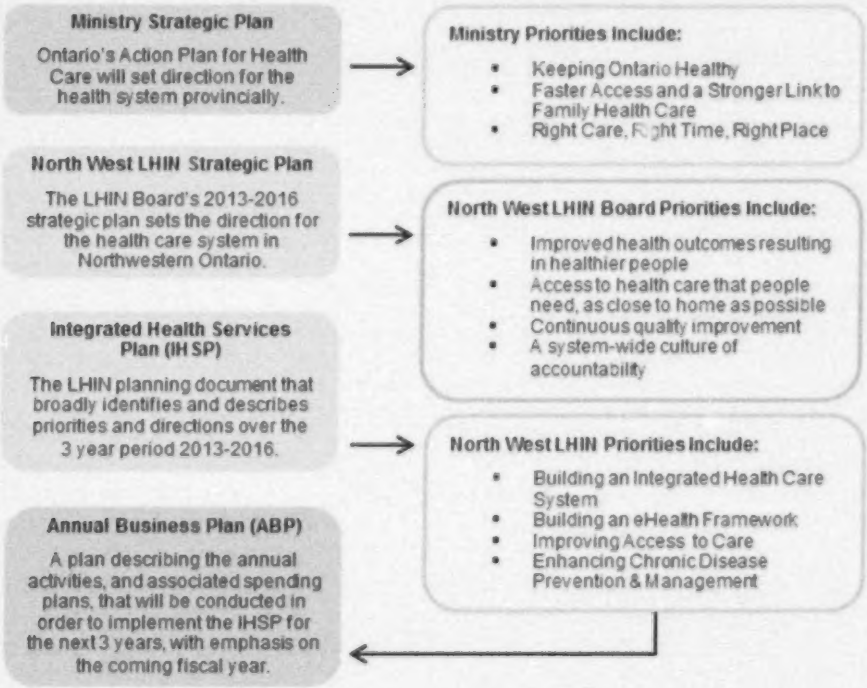
2013-2014 also brought new and exciting opportunities, as accountability for the Diabetes Regional Coordination Centres was transitioned to the LHINs. Additionally, the Minister of Health and Long-Term Care announced changes that would provide seniors and persons in need with improved access to high-quality physiotherapy, exercise, and falls prevention classes closer to home.

These are just a few highlights of the North West LHIN activities over the past year. This report discusses in detail the work of the LHIN as the leaders of health system planning, funding and integration.

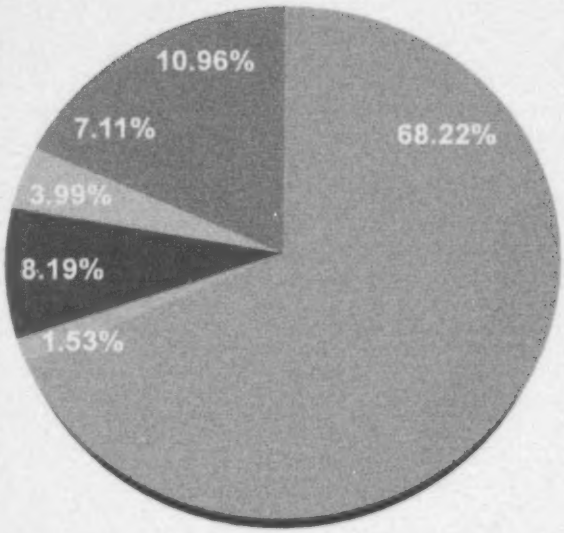
Transformation – it's what the LHINs were designed to do.

Planning for Better Health Care Services

Delivering health care services that are sustainable requires thoughtful planning to support and enable planning efforts for the North West. The following graphic illustrates the relationship between planning documents, which guide the activities of the North West LHIN.


Ministry Strategic Plan
Ontario's Action Plan for Health Care will set direction for the health system provincially.
Ministry Priorities Include:
Keeping Ontario Healthy
Faster Access and a Stronger Link to Family Health Care
Right Care, Right Time, Right Place
North West LHIN Strategic Plan
The LHIN Board's 2013-2016 strategic plan sets the direction for the health care system in Northwestern Ontario.
North West LHIN Board Priorities Include:
Improved health outcomes resulting in healthier people
Access to health care that people need, as close to home as possible
Continuous quality improvement
A system-wide culture of accountability
Integrated Health Services Plan (IHSP)
The LHIN planning document that broadly identifies and describes priorities and directions over the 3 year period 2013-2016.
North West LHIN Priorities Include:
Building an Integrated Health Care System
Building an eHealth Framework
Improving Access to Care
Enhancing Chronic Disease Prevention & Management
Annual Business Plan (ABP)
A plan describing the annual activities, and associated spending plans, that will be conducted in order to implement the IHSP for the next 3 years, with emphasis on the coming fiscal year.

North West LHIN 2013-2014 Funding Allocation by Sector



- Hospitals (13)
- Community Health Centres (2)
- Long-Term Care Homes (14)
- Community Care Access Centre (1)
- Community Support Services (61)
- Community Mental Health and Addictions Services (34)

Total number of Health Service Provider (HSP) programs or operations:	**125**
Total number of HSP organizations:	**93***
Total allocation of Funding:	**$ 636,795,542**

*Note: This represents the number of individual Health Service Providers (HSP) funded by the North West LHIN as of April 1, 2014. Some HSP funded by the North West LHIN provide service in multiple sectors.

The Health Services Blueprint

2013-2014 was the second year the North West LHIN continued to advance the recommendations of the Health Services Blueprint, a 10-year plan to reshape, strengthen, and transform health care. The focus this year has been on increasing capacity in the community sector and enabling services like telemedicine.

Of the 44 recommendations made in the Health Services Blueprint, 26 initiatives are currently underway, including:

Regional	• Identify services and delivery of care at Regional, District, and Local levels • Collaboration across all health service providers at the Local level • Development of Integrated District Networks • Establish Health Link Leads and Advisory Teams • Designate District Health Campus Sites • Establish Regional Programs • Implementation of Connecting Northern and Eastern Ontario • Opportunities to integrate back-office systems
City of Thunder Bay Integrated District Network	• Reduce mental health and addictions reliance on emergency departments • Implement models for substance misuse • Increase access to home care services • Investigate complex continuing care and long-term care settings for post-acute care • Investigate/implement increased access to rehabilitation services • Implement alternatives to emergency department and inpatient care for high impact programs
District of Thunder Bay Integrated District Network	• Reduce mental health and addictions reliance on emergency departments • Increase access to home care services
Northern Integrated District Network	• Ensure appropriate access to long term care services • Increase access to post-acute and transitional care beds
District of Kenora Integrated District Network	• Improve access to designated mental health and addictions beds • Reduce mental health and addictions reliance on emergency departments • Implement models for substance misuse • Increase access to home care services • Increase access to post-acute and transitional care beds
District of Rainy River Integrated District Network	• Increase access to home care services

Health Links

In December of 2012, the Ministry of Health and Long-Term Care announced Health Links, which are integrated regional patient care networks that will initially address those individuals who use the health system most often. In the North West LHIN, Health Links complement the Health Services Blueprint, as both initiatives focus on improving access to care, quality of care, and patient outcomes through enhanced integration, collaboration, and coordination between care providers.

In 2013-2014, Health Links were launched in three of the North West LHIN's five Integrated District Networks:

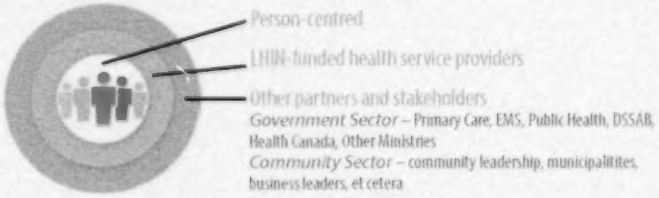
City of Thunder Bay Integrated District Network	April 2013
District of Thunder Bay Integrated District Network	October 2013
District of Rainy River Integrated District Network	April 2014

There are now 54 Collaboration Agreements in place involving 40 LHIN-funded health service providers and 14 primary care clinics.

The District of Kenora Integrated District Network and the Northern Integrated District Network are slated to launch in 2014-2015.

Health Links require participation across all sectors within the community to be successful, which is why the North West LHIN Board of Directors initiated community engagement sessions at the Local Health Hub level over the course of 2013-2014. These events set out to introduce organizations and community leaders outside of the LHIN's funding purview, as illustrated in the diagram below, to the Health Services Blueprint and Health Links initiatives. In addition, the sessions encouraged participants to explore opportunities to leverage partnerships and resources across sectors that will help drive forward health system planning, integration, and transformation activities in their communities.

Person-Centred Circle of Care


Person-centred
LHIN-funded health service providers
Other partners and stakeholders
Government Sector – Primary Care, EMS, Public Health, DSSAB, Health Canada, Other Ministries
Community Sector – community leadership, municipalitites, business leaders, et cetera

Population Profile and Population Health Profile

Our LHIN, Our People

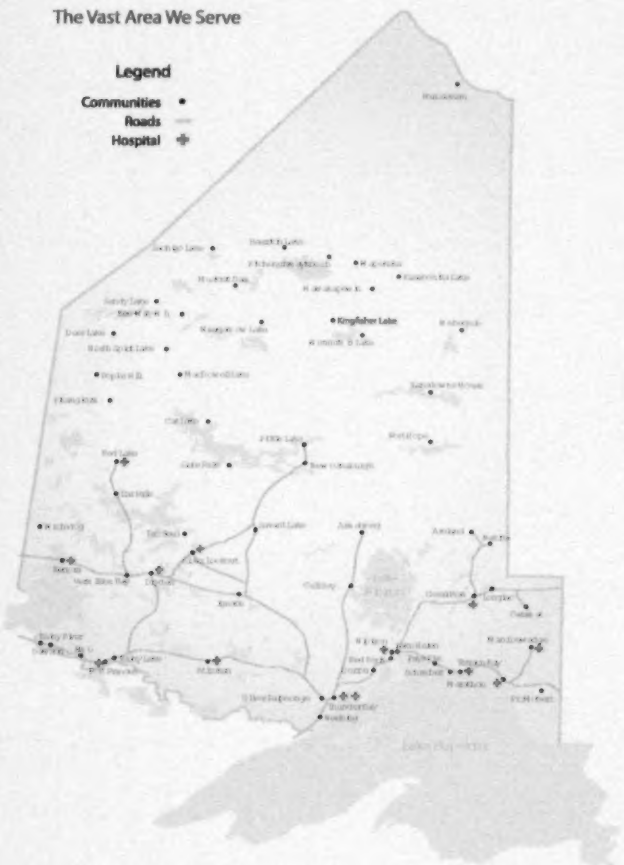
The North West LHIN is geographically the largest of the 14 LHINs, but has the lowest population. It covers 47% of Ontario's total landmass, and is home to just 2% of the province's population.

Extending from Hudson Bay in the north to the United States border, and from the Manitoba border to just west of White River, the communities of the North West LHIN are spread across 458,010 kilometers. The population density of 0.5 people per square kilometer is the lowest in the province, and presents unique challenges as more than two-thirds of communities do not have year-round road access, with some accessible only by air.

Our Population

The population of the North West LHIN is consistent with provincial trends in that the overall population is getting older. But unlike most other areas of the province, the population of Northwestern Ontario is shrinking. The 2011 Statistics Canada Census population for the North West LHIN is approximately 231,000, a decrease of 1.7% from 2006.

In December 2013, the North West LHIN released a new Population Health Profile which details the key characteristics of this vast region. The adjusted population data reflects the results of a follow-up survey of the 13 First Nations communities that could not be enumerated at the time of the original census due to forest fire. Also of note is that previous estimates of Aboriginal identity were based on questions in the 2011 Census, but are now based on questions in the voluntary 2011 National Household Survey.



There are some notable differences in population between the North West LHIN's Integrated District Networks (IDN), including:

Population Size

- The City of Thunder Bay IDN accounts for over half of the North West LHIN's population at 56.6%; and
- The City of Thunder Bay is the only large urban centre in the North West LHIN.

Francophone Population

- The District of Thunder Bay IDN has the largest proportion of Francophone population at 13%, while the Northern District IDN has the smallest at 0.5%.

Aboriginal Population

- The Northern IDN has the largest proportion of Aboriginal population at 81.3%, followed by the District of Thunder Bay IDN at 34.1%; and
- The City of Thunder Bay IDN has the lowest proportion of Aboriginal population at 9.7%, but is still much higher than the provincial value of 2%.

Age of the Population

- The Northern IDN, with the largest Aboriginal population, has the lowest proportion of seniors age 65 and over at 5.5%; and
- The District of Rainy River IDN and the City of Thunder Bay IDN have the largest proportion of seniors at 17.3% and 17.1% respectively.

2011 Census Population Characteristics

IDN	Total Pop.[1]	% Age 65+[1]	% Aboriginal Ident.[1]	% Francophone[1]
Northern IDN	21,815	5.5*	81.3*	0.5*
District of Kenora IDN	43,130	15.5	25.5	2.9
District of Rainy River IDN	20,370	17.3	22.3	1.5
City of Thunder Bay IDN	127,715	17.1	9.7	2.8
District of Thunder Bay IDN	18,090	14.0	34.1	13.0
North West LHIN*	231,120	15.8	21.5*	3.3*
IDN Minimum	20, 370	5.5*	9.7	0.5
IDN Maximum	127,715	17.3	81.3	13.0

Sources: 1. Statistics Canada. 2011 Census. 2. Statistics Canada. 2011 National Household Survey.
* 13 FN communities were not enumerated at the time of the 2011 Census due to forest fires. A follow-up survey was conducted and information is now available; values for Northern IDN and North West LHIN reflect this new information.

Population Health

Relative to the province (based on 2011-2012 Canadian Community Health Survey data for ages 12 and over), the North West LHIN has a higher proportion of people who:

- Are physically active in leisure time;
- Are heavy drinkers;
- Are overweight or obese (age 18 and over); and
- Have a strong sense of community belonging.

And has a lower proportion of people who:

- Have a regular doctor;
- Perceive their mental health as excellent or very good; and
- Have a lower fruit and vegetable consumption of five or more times per day.

Self-Reported Health Status & Health Practices

Indicator	North West LHIN	Ontario
Self-Reported Health Status CCHS, Two-Year Estimates, 2011-2012, age 12+		
Perceived health as excellent or very good	57.4%	60.4%
Perceived mental health as excellent or very good	70.3%	72.4%
Perceived life stress, quite a lot (age 15+)	19.4%	22.8%
Sense of community belonging, somewhat strong or very strong	74.3%	67.5%
Life satisfaction, satisfied or very satisfied	92.9%	91.8%
Self-Reported Health Practices, CCHS, Two-Year Estimates, 2011-2012, age 12+		
Smoking, daily or occasional	21.9%	19.2%
Heavy drinking (five or more drinks on one occasion, at least once a month within the last year)	20.9%**	16.9%
Fruit and vegetable consumption, five or more times per day	34.7%	38.9%
Leisure-time physical activity, active or moderately active	61.7%**	53.8%
Overweight or obese (adults age 18+)	62.1%**	52.6%
Has a regular medical doctor	84.3%**	91.1%

** Statistically different from the provincial rate

Chronic conditions place a high burden on the health care system, and as the population ages this burden will increase. The North West LHIN has higher than provincial averages in the following based on the Canadian Community Health Survey 2011-2012:

Prevalence of Chronic Conditions

Indicator		North West LHIN	Ontario
Canadian Community Health Survey (CCHS) 2011-2012: % report being diagnosed by health professional [1]			
Arthritis	-age 15+	21.5%**	17.2%
	-age 65+	50.2%	44.4%
Diabetes	-age 12+	7.6%	6.6%
	-age 65+	13.8%** ▼	18.6%
High blood pressure	-age 12+	21.1%**	17.6%
	-age 65+	56.3%**	49.3%
Chronic obstructive pulmonary disease (COPD), age 65+		8.0%	7.3%
Hospitalization rates, fiscal year 2011-2012; crude rate/100,000 population [2]			
Arthritis		524.5**	343.3
Diabetes		208.8**	95.8
Chronic obstructive pulmonary disease (COPD)		367.7**	181.0
Congrestive Heart Failure (CHF)		275.1**	157.5
Ischaemic heart disease (IHD)		566.5**	360.6
Stroke		210.5**	129.1

** Statistically different from the provincial rate
▼ Significantly lower than previous period (2009/2010).

Sources: 1. Statistics Canada, CCHS. CANSIM Table 105-0502, accessed Nov. 2013.
2. HAB, MOHLTC. NW Health Links Profile revised. Nov. 2013.

North West LHIN residents have high rates of hospitalization and emergency department visits for many chronic conditions including mental health and substance use conditions, diabetes, chronic obstructive pulmonary disease, and ischaemic heart disease. There are also high rates of emergency department visits and hospitalizations for conditions that could be prevented or avoided if alternate services were available.

Health System Advancements in 2013-2014 Report on Integrated Health Service Plan Priorities

The *Local Health System Integration Act*, 2006, requires that each of the 14 LHINs develop and publish Integrated Health Services Plans (IHSP). These are high-level, three-year roadmaps for the planning and delivery of health care in each LHIN region, and the 2013-2016 IHSP is the North West LHIN's third since its inception.

To further inform planning, the North West LHIN has incorporated data collected in fiscal year 2011-2012 as part of a provincial initiative to provide a Common Environmental Scan for all LHINs in designing the 2013-2016 IHSP. Population Health Profiles have been created for all five Integrated District Network areas, and are available to the public through the North West LHIN website.

The North West LHIN's 2013-2016 IHSP identifies four priority areas for the local health system:

Priority One	Building an Integrated Health Care System
Priority Two	Building an Integrated eHealth Framework
Priority Three	Improving Access to Care • Enhancing Access to Primary Care • Reducing Wait Times • Reducing Percentage of Alternate Level of Care Days • Improving Access to Specialty Care and Diagnostic Services • Improving Access to Mental Health and Addictions Services
Priority Four	Enhancing Chronic Disease Prevention and Management

Priority One: Building an Integrated Health Care System

Analysis completed for the North West LHIN Health Services Blueprint reveals that the North West LHIN has characteristics of a fragmented health care system. The report recommends that a key priority of the North West LHIN is to build an integrated health care system for Northwestern Ontario that offers opportunities to improve health outcomes while delivering the right care, at the right place, at the right time, as close to home as possible.

In 2013-2014, the North West LHIN continued to advance the work of our Health Services Blueprint, a 10-year plan released in March 2012, to transform health care in Northwestern Ontario. The Health Services Blueprint outlines an integrated service delivery model

with services at a Local, District, and Regional level aimed at improving access, timeliness, and effectiveness of health care.

Engaging Our Communities in Health System Integration

The establishment of the Integrated District Network Health Links was done through extensive community engagement with LHIN-funded and non-LHIN funded health service providers at the Local Health Hub level.

This year, the North West LHIN Board of Directors facilitated seven community engagement and education sessions across the region with non-health service providers. The goal was to build awareness and understanding of the North West LHIN role, the Health Services Blueprint, and the Health Links initiative, as well as to begin the conversation within the community about integration opportunities.

At the health service provider level, the following initiatives were undertaken to advance the new integrated model of care:

- A regional webinar was held for all LHIN-funded health service providers to share information on implementation approach, timelines, and alignment to provincial initiatives including Health Links;
- Fourteen webinars at the Local Health Hub level shared demographic information and detailed data about high-impact clinical programs;
- Working groups, focus groups, and steering committees were established to inform implementation initiatives including Health Links, the development of a 10-year health human resources study, small hospital resource allocation model, and non-hospital resource distribution framework;
- A regional webinar was held for all LHIN-funded health service providers to share the key findings of the 10-year Health Human Resources Study; and
- Focused engagement took place at the Local Health Hub and Integrated District Network (IDN) levels to launch implementation initiatives in the City of Thunder Bay and District of Thunder Bay IDN.

A number of enabling tools have been crafted to better inform planning and decision-making including:

- Service delivery model decision-making framework;
- Non-hospital resource distribution framework;
- Small hospital resource allocation model;
- Voluntary and facilitated integration toolkits; and
- Local Health Hub profiles, terms of reference, guiding principles, and collaboration agreements.

Also in 2013-2014:

- Transportation services provided by Handicapped Action Group Incorporated (HAGI) were integrated with the Corporation of the City of Thunder Bay; and
- As of June 2013, all 13 hospitals in the North West LHIN are connected through a common Hospital Information System (HIS), making the North West LHIN the first region in the province with a shared regional hospital information system used by all of its hospitals.

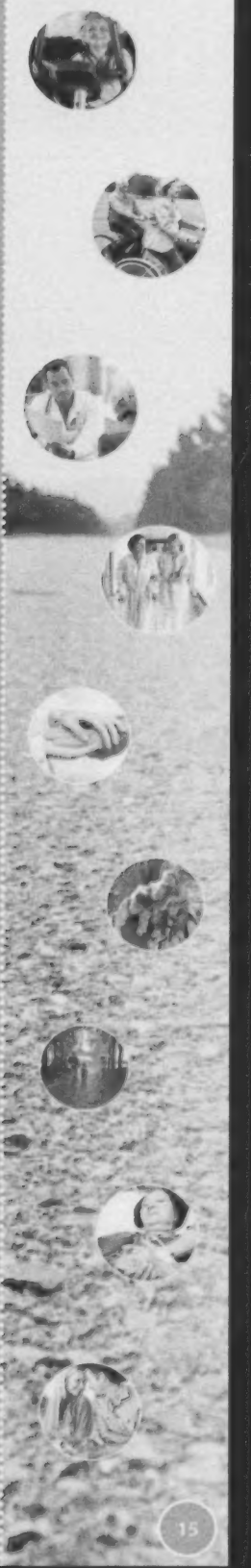
The North West LHIN is working steadfastly toward the development of an integrated health care system that is organized, connected, and provides high-quality care. We believe that improving system coordination and integrated care processes will result in better health outcomes for residents. To accomplish this, access to care must be improved through redirection of non-acute health services to community and virtual settings, and through equalization of health resources across districts and programs. By implementing quality-based standardized models of care and associated costing, the system will be sustainable and meet the health needs of Northwestern Ontario now, and in the future.

Support for Small and Rural Hospitals in Northwestern Ontario

Ontario is providing funding to hospitals in Northwestern Ontario for projects that will improve access to patient care and enhance integration and collaboration between hospitals and community care partners. The funding is a part of the Ontario government's $20 million, one-time investment in small and rural hospitals.

In Northwestern Ontario, small hospitals have created plans for sustainable system change to advance health care based on locally-identified needs. Led by individual hospitals, the gains are far-reaching, with a strong regional focus to improve the health care system.

Lead Hospital	Description of Program
Atikokan General Hospital	**Regional Chief Information Officer** Two-year funding for a Regional Chief Information Officer responsible for an integrated, system-wide eHealth plan for small hospitals. This is a joint project with 10 hospital partners. Funding also covers administration and start-up costs for high-priority eHealth projects.
Manitouwadge General Hospital	**Regional Transfer Nurse Position** This funding will establish a nursing position to accept patient transfers at Thunder Bay Regional Health Sciences Centre to eliminate the need to provide a nurse escort for same-day stretcher transfers from regional hospitals. This joint project benefits all small hospitals in the North West LHIN.
Riverside Health Care Facilities	**Registered Nurse - Surgical First Assist (RN-SFA) Regional Surgical Network** Provision of a RN-SFA to alleviate system pressures. This will be a shared resource with other hospitals to address the gap in the Regional Surgical Plan and to improve flow for surgical procedures. It will also support increased clinic time for family physicians.
Nipigon District Hospital	**Effective Transitions In Care and Decision Support** Implementation of standardized, evidence-based admission procedures through online software. This is a joint project with 10 hospital partners that will improve communication and share knowledge among service providers.
Dryden Regional Health Centre	**Digital Dictation** Use of voice recognition technology to aid in transcribing and editing physician dictations. Regional application will be determined based on the success of this pilot project.
Dryden Regional Health Centre	**Digital Diagnostic Imaging** Software upgrade to current diagnostic imaging equipment to allow for direct transmission of x-rays into digital format. Regional application will be determined based on the success of this pilot project.
Dryden Regional Health Centre	**Meditech Advancement of Hospital Information Management Systems** Implementation of the Meditech community-wide scheduling and operating room management system, which will enable hospital, medical and clinical staff to have knowledge of bookings for diagnostic tests, surgery, oncology or any ambulatory care aspect. This will make more comprehensive information available to all participating hospitals, reduce the amount of patient information collected for appointments and improve coordination of staff and facility resources. This is a joint proposal with three participating hospitals.
Dryden Regional Health Centre	**Non-Urgent/Non-Emergent Transportation Integrated Solutions Development Project** A study to generate solutions to address non-urgent/non-emergency transportation issues for the communities of Rainy River, Kenora and Northern Integrated District Networks. This is a joint project with five participating hospitals.
Red Lake Margaret Cochenour Memorial Hospital	**Laboratory Point-of-Care Testing in Emergency Department** Introducing the i-Stat Cardiac Troponin test to the emergency department to improve hospital efficiency and the patient care experience. This project will be run as a pilot to be evaluated for regional application linked to the LHIN Emergency Department Lead to have point-of-care testing in the region.
Sioux Lookout Meno Ya Win Health Centre	**Cross Cultural Sensitivity and Patient Safety Training** Provision of Bimaadiziwin (a healthy way of life) Training and Cross Cultural Patient Safety training to hospital staff. This is a joint project with 10 participating hospitals.
Red Lake Margaret Cochenour Memorial Hospital, Wilson Memorial General Hospital and The McCausland Hospital	**Diagnostic Ultrasound Services Collaboration and Enhancement** Provision of enhanced ultrasound technology cross-training to existing staff technologists.
Wilson Memorial General Hospital	**Resource Matching and Referral (RM&R) Expansion** The project will expand on the RM&R system that is currently in use at Thunder Bay Regional Health Sciences Centre, St. Joseph's Care Group, the North West Community Care Access Centre and the long-term care (LTC) homes in the City of Thunder Bay. The project will extend electronic referrals and resource matching to all remaining acute beds, LTC beds, and community providers in the North West LHIN.
Dryden Regional Hospital	**Knowledge Transfer and Exchange** To develop a portal for knowledge exchange and information sharing, and to pay for the cost of two face-to-face meetings to discuss/share information, in support of all North West LHIN small and rural hospital projects.



Priority Two: Building an Integrated eHealth Framework

For effective health system transformation to occur, it is critical that the information technology and electronic health (eHealth) infrastructure is in place to support the transition of high-quality clinical care in the most appropriate setting. A strength of the North West LHIN is that those living in the Northwest are leaders at using technology to improve access to care. Guiding transformational change is the North West LHIN's eHealth Services Plan 2013-2016, which lays out three overarching priorities to advance and improve the state of eHealth within the North West LHIN:

1. Integrate regional Electronic Health Records (EHRs) to improve person-centred care;
2. Build regional capacity to accelerate adoption of eHealth systems and technologies to gain system-wide benefits as rapidly as possible; and
3. Advance the use of innovative technology solutions to improve access to care and health outcomes, resulting in healthier people.

All hospitals in the North West LHIN are using a shared hospital information system, and 12 of the 13 hospitals have implemented electronic documentation. A regional Chief Information Officer (CIO) has been established for all hospitals in the Northwest. The CIO will coordinate the regional hospital eHealth strategy and will oversee eHealth at the hospital level.

With the increased adoption of the region's Physician Office Integration Program, more providers are connected and sending clinical content from the hospital sector into the primary care sector. This means that follow-up care can be performed in the primary and community care settings instead of in the acute hospital setting. Imagine the difference this can make to a resident of Marathon who, in the past, would have travelled over four hours by road to attend a follow-up appointment or obtain test results at the Thunder Bay Regional Health Sciences Centre.

Within Northwestern Ontario, 77% of family physicians have adopted electronic medical records, which is an increase of 10% over last year. Integration of electronic medical records with hospital information systems continues to advance. Monthly reporting has increased by 10% with the 12 hospitals and 39 clinics that have been integrated into the system.

The regional Resource Matching and e-Referral System, which is designed to match individuals with appropriate post-acute care, is being expanded to all hospitals and long-term care homes within the region. Advanced planning and change readiness activities are underway in anticipation of the Connecting Northern and Eastern Ontario (cNEO) project, which will give health care providers access to electronic patient health information – across the care continuum – no matter where care is received.

This will be done by integrating and 'connecting' information sources in Northern and Eastern Ontario and provincially. Clinicians will be able to view patient health information through the use of a Clinical Viewer (Portal) or electronic medical record (EMR). With reliable and secure electronic health information, clinicians will be better equipped to deliver improved and more coordinated patient care. cNEO is one of three province-wide programs funded by eHealth Ontario, to deliver electronic health record services with the two others being connecting Greater Toronto Area (cGTA), and connecting South West Ontario (cSWO).

Priority Three: Improving Access to Care

To improve access to care, the North West LHIN has identified five key priority areas:

i. Enhancing Access to Primary Care
ii. Reducing Wait Times
iii. Reducing Percentage of Alternate Level of Care Days
iv. Improving Access to Specialty Care and Diagnostic Services
v. Improving Access to Mental Health and Addictions Services

i. Enhancing Access to Primary Care

Enhancing access to primary care remains a high priority for the North West LHIN. Providing alternate community-based services will reduce reliance on emergency department care and create more opportunities for residents to access the right care in the right place.

Successes of the past year include:

- As of March 31, 2014, 55.57% of all clients registered with the North West Community Care Access Centre Health Care Connect program have been referred to a primary care provider since the program was introduced – an increase of 13.6% from last year. This means that 6,339 individuals have been matched to a primary care provider in the North West LHIN, including over 475 complex/vulnerable clients.

- Engagement sessions with primary care providers and emergency department physicians have occurred across the region regarding the North West LHIN Health Services Blueprint and Health Links, creating a common vision of the integrated service delivery model and spurring discussion about opportunities for integration; and
- Expansion of service hours at the NorWest Community Health Centres urgent care clinic, including evening and weekend hours.

Expansion of Primary Care Clinic Access

Working with the North West LHIN, the NorWest Community Health Centres (NorWest CHC) is addressing primary care needs in the City of Thunder Bay. In early November 2013, the North West LHIN invested $265,000 for the NorWest CHC to introduce new primary care clinics on Saturdays and Sundays, and increased evening hours in the City of Thunder Bay with the intention of improving access to primary care and reducing avoidable emergency department visits.

- The expansion program is expected to provide an additional 1,248 evening/weekend primary care clinic visits, 2,600 additional nursing triage visits, and an additional 780 therapy visits annually.
- By increasing access to service on the weekend, all residents of Thunder Bay will have better access to primary care.
- In addition, rostered clients of the NorWest CHC, particularly those identified as hard to serve, marginalized, and complex care clients, will have improved access to nurse practitioners, nurses, and therapists.

Between November 2013 and March 2014, expanded access to primary care at the NorWest Community Health Centres had resulted in the following:

- A total of 2,449 visits, including 1,497 evening/weekend primary care clinic visits;
- Slightly more than half (52%) of the clients surveyed were first-time visitors to the NorWest CHC; and
- 54% of the clients surveyed indicated that had it not been for this new service at the NorWest CHC, they would have gone to the ED for service.

ii. Reducing Wait Times

According to data collected in 2012-2013 by the National Ambulatory Care Reporting System, there were over 216,000 visits to emergency departments in the North West LHIN. Of these, 52% were seen at the only regional tertiary center, Thunder Bay Regional Health Sciences Centre, which also saw 68% of all high-acuity visits. Outside the City of Thunder Bay, 62% of emergency department visits were classified as non-urgent, per the Canadian Emergency Department Triage and Acuity Scale (CTAS).

The North West LHIN's rate of emergency department visits that could be treated in alternative primary care settings is more than double the provincial average. It is important to note that the North West LHIN rate of 53.2 per 1000 (population age 1-74) has decreased from 2008-2009 when it was 63.7 per 1000 (population age 1-74). In many regional hospitals, primary care is provided in emergency departments where limited walk-in or after-hours clinics exist, and is therefore appropriate.

In 2013-2014:

- Despite trends in increasing emergency department volumes, the major tertiary hospital – Thunder Bay Regional Health Sciences Centre (TBRHSC) – and North West LHIN remained a high performer with emergency department wait times for high and low acuity patients not requiring admission;
- TBRHSC saw a 4.6% decrease in emergency department visits, primarily related to lower rates of low-acuity patient visits;
- A Surge Plan for the City of Thunder Bay was developed between the North West LHIN, TBRHSC, long-term care services, community support services, and emergency medical services, to address increases in seasonal demand between December and January. In conjunction with the North West LHIN Critical Care Surge Plan, the plan helped to successfully navigate a moderate surge in the need for critical care bed capacity without compromising patient care;
- TBRHSC is the only hospital in the North West LHIN included in the provincial Emergency Department Pay for Results program. TBRHSC has performed well compared to other participating hospitals, and has secured targeted funding to continue this program; and
- There were no emergency department closures within the North West LHIN in 2013-2014.

iii. Reducing Percentage of Alternate Level of Care Days

In 2013-2014, the North West LHIN's target for Alternate Level of Care (ALC) days was 17.5%, which is higher than the provincial target of 9.46% - a target that all LHINs individually and at the provincial level have not yet achieved, but continue to work toward attaining. Although the North West LHIN target was met during the first two quarters of the year, the annualized number was 18.14%.

The North West LHIN strives to avoid time spent by individuals waiting as ALC by increasing the coordination and integration of care across the health system, improving patient flow along the continuum of care, and investing in programs that support individuals in returning home after their hospital stay. Lack of access to community resources upon discharge in northern and rural areas, and overall system capacity are challenges that contribute to ALC days in the Northwest.

The North West LHIN has made system gains in 2013-2014, including:

- Assess and Restore programs are being delivered in four communities across the North West LHIN. Since their initiation, approximately 65% of program participants have been able to return home without supports after an average length of stay of 30 days. All program participants demonstrated significant increases in Functional Independence Measure scores upon discharge from the program;
- Implementation of the Home First philosophy continues to demonstrate benefits in reducing ALC days. Between September 2010 and March 2014, there was a 21% reduction in ALC clients, and a 59% reduction in ALC clients waiting for long-term care at Thunder Bay Regional Health Sciences Centre. Despite this, there has been an overall increase in the number of ALC days at Thunder Bay Regional Health Sciences Centre during the same time period;
- Home First has also had a regional impact. From implementation in November 2011 at Lake of the Woods District Hospital in the City of Kenora to March of 2014, there has been a 52% reduction in ALC clients, and a 47% reduction in ALC clients waiting for long-term care; and
- Through North West LHIN initiatives and additional Community Investment Funding, there has been increased investment in community support services across the region.

iv. Improving Access to Specialty Care and Diagnostic Services

When patients require procedures such as hip or knee replacement and diagnostic imaging, it is important that they receive the procedures within a medically-appropriate wait time. The vast geography of the North West LHIN's service area means that patients in northern and rural areas must travel long distances to access specialty care in tertiary centres such as Thunder Bay, Winnipeg, or beyond. There are gaps in specialty care, particularly in psychiatry, child and youth mental health programs, dermatology, dialysis, and cardiac care – gaps which require innovative programs and the use of emerging technologies to deliver the right care in the right place at the right time, as close to home as possible.

In the North West LHIN, the actual number of specialists has increased to 188 in 2012 from 177 in 2010. To read more about the North West LHIN's performance on access to specialty care and diagnostic services, please see the Ministry-LHIN Performance Agreement (MLPA) section of this report (page 25).

Over the past year, the North West LHIN has increased access to services, and as a result, has seen improvements in the wait times experienced by patients. Some highlights include:

- The Regional Joint Assessment Centre continues to work toward reducing the time patients wait from primary care referral to receiving a specialist appointment, as well as decreasing the number of non-surgical care cases seen by orthopaedic surgeons;
- The introduction of the Inter-Professional Spine Assessment and Education Centre as a pilot project in 2012-2013 continues to positively impact individuals with low back pain by providing assessments and education, enhancing more streamlined access to specialists and diagnostic services when required, reducing unnecessary diagnostic imaging, and reducing wait time to consult with orthopaedic surgeons;
- At Thunder Bay Regional Health Sciences Centre, the largest volume site for total hip and knee replacements in the North West LHIN, the recommendations of the Orthopaedic Expert Panel related to inpatient length of stay and proportion of patients discharged to outpatient rehabilitation were successfully implemented. Currently, 88% of patients are discharged to community rehabilitation, a significant increase compared to 54% at the start of 2011-2012;

- The North West LHIN is designing a regional orthopaedic services model, through a partnership with key stakeholders such as orthopaedic surgeons, primary care physicians, hospital administrative staff, and community partners. The Regional Orthopaedic Services Model will look at parameters such as wait times, care practices, access issues, and more, and will develop innovative solutions to achieve efficiencies in the face of increasing demand coupled with challenges such as geography and economies of scale;
- Participating in the provincial MRI performance improvement process project aimed at appropriateness of testing, the North West LHIN has achieved a 260% improvement in wait times over last year; and
- While CT performance in wait times was below target in 2013-2014, the best practices learned through the MRI performance improvement process will be applied to CT in 2014-2015.

v. Increasing Access to Mental Health and Addictions Services

There are unique challenges to delivering mental health and addictions services in the North West LHIN. Many northern and rural communities lack specialized services, which creates a gap for those requiring specialized care, transitional care, supportive housing, and walk-in services. Transitions in care may not be seamless between settings, linkages between adolescent and young adulthood are not strong, and aftercare options are very limited. In this complex context, the demand for services is growing.

Residents of the North West LHIN account for 12.3% of provincial clients with substance abuse issues, yet the region's total population accounts for just 2% of the province's total population. The cost per individual served for community mental health and addictions service is the second-highest amongst LHINs, and is nearly double the provincial average ($94

Overcapacity Planning in the City of Thunder Bay

On Friday, March 14, 2014, the Minister of Health and Long-Term Care announced nearly $14 million to improve access to emergency care and to enhance community health services.

While a portion of this money was earmarked for physician recruitment for Thunder Bay Regional Health Sciences Centre's (TBRHSC) emergency department, more than $11 million will address system issues in the City of Thunder Bay, reducing the overcapacity pressures that exist today.

So how did this investment come to be? The North West LHIN recognized that system issues existed in the City of Thunder Bay, and that the challenges were about more than just overcapacity at TBRHSC. The initial focus was to look within the health care system to optimize available internal capacity within and amongst providers. While gains were found, there was simply not enough available capacity within the system to meet demand.

The North West LHIN, along with TBRHSC, St. Joseph's Care Group (SJCG), and the North West Community Care Access Centre (CCAC) developed a plan – jointly – on how best to address overcapacity in the City of Thunder Bay. An interim, short-term plan to create new capacity and sustain the gains made over the past year through community sector investments was supported by the Ministry of Health and Long-Term Care (MOHLTC).

With this investment from the MOHLTC, the North West LHIN anticipates:

- 9,400 avoided ALC-LTC days through the addition of 26 transitional care hospital beds at SJCG's Lakehead Psychiatric Hospital site.
- More hours of care for 24 beds at SJCG's St. Joseph's Hospital site with the goal of reducing length of stay and increasing discharge to the community, to avoid up to 90 hospital or LTC admissions per year.
- 4,700 avoided hospital days through the addition of 13 supportive housing units at McKellar Place, to be implemented in collaboration with St. Joseph's Care Group's Handicapped Action Group Incorporated and Brain Injury Services of Northwestern Ontario.
- Up to 1,400 avoided hospital days through the addition of four supportive housing units at P.R. Cook.

And the continuation of existing initiatives:

- 10 additional acute care "flex beds" at TBRHSC, which equates to 3,650 hospital days.
- 31 LTC spaces through the provision of Wait at Home services through the North West CCAC – that's equivalent to 11,406 LTC days.
- 172 more seniors and persons with complex care needs to receive care in the community while on the LTC wait list.
- Expansion of TBRHSC's nurse-led outreach program so up to 500 more seniors and people with complex care needs can receive timely assessment in treatment in supportive housing and retirement homes.

The work does not stop with this plan: the North West LHIN is continuing to work with our health service provider partners to develop mid-term and long-term plans through to 2025 and beyond.

The North West LHIN is grateful for the support and commitment of the Ministry of Health and Long-Term Care, and for the exceptional efforts of our health service provider partners to identify innovative, person-centred solutions to address local health system challenges.

More Support for Seniors in the Northwest: 2013 – 2014 Community Investment Funding

Ontario has provided an additional $4,430,700 to support home care and community services in the North West LHIN. These investments are a key part of the province's Action Plan for Health Care, which is providing patients with the right care, at the right time, in the right place.

This additional support helps more seniors in the Northwest continue to live independently at home and reduces home care wait times. It also increases access to community supports, including mental health services.

It is anticipated that the benefits of investments made in 2013-2014 will be realized within the next year.

Project/Service Provider	Description
	North West LHIN Regional Programs
Reduce Wait Times for High-Risk Clients North West Community Care Access Centre	To reduce wait times for personal support worker services to five days or less, in line with the provincial target.
Diabetes Point-of-Care Testing Diabetes Education Programs / Northern Nursing Stations	This project will implement point-of-care testing for A1C among providers who do not have timely access to laboratory services, including diabetes education programs. Providers can use the A1C results, a measure of the percent of hemoglobin proteins attached to glucose, to offer immediate diabetes education and self-management support, which will improve patients' experiences.
	City of Thunder Bay Integrated District Network
Expansion of Primary Care & Program Services NorWest Community Health Centres	The purpose of the program is to increase hours of operation for urgent care services, primary care and allied health services at its Thunder Bay site. The hours of operation have been expanded by four hours per day on Saturday and Sunday. Through this expansion it is expected that NorWest CHC will provide 1,248 urgent care visits, 2,600 nursing triage visits and 780 therapy visits per annum.
Enhancement of Existing Supportive Housing in Thunder Bay City of Thunder Bay and St. Joseph's Care Group	Enhancement to existing supportive housing, allowing clients to remain in the community for a longer period of time and preventing admission into long-term care (LTC). It is estimated that this initiative will allow 37 clients who previously would have required LTC to remain in supportive housing.
Assisted Living Services for Physically Disabled Clients in Thunder Bay Handicapped Action Group Incorporated (HAGI)	Move two long-stay ALC individuals with physical disabilities out of hospital and into the community with assisted living services. Reduce ALC by creating acute care bed flow for 183 additional patient days in 2013-2014. (Annualizing to 730 additional patient days in 2014-2015)
Assisted Living Services for Acquired Brain Injury Clients in Thunder Bay Brain Injury Services Northwestern Ontario (BISNO)	Move two long-stay ALC individuals with acquired brain injury out of hospital and into the community with assisted living services. Reduce ALC by creating acute care bed flow for 183 additional patient days in 2013-2014. (Annualizing to 730 additional patient days in 2014-2015)
Non-Urgent Transportation for High User Cohort Canadian Red Cross	Start-up funding provided to support the implementation of a Personalized Care Network to provide coordinated care for high health care system users. Coordinated care plans are being developed for up to 200 clients with complex needs. Starting in 2014-2015 non-urgent transportation will be provided to and from primary and secondary care appointments for approved clients.
Relocation of Respite Services Weeneyway	A reduction of 1,825 ALC days to be realized on an annual basis through the relocation of five respite care beds from the LTC environment to the community. As a result, LTC bed capacity will be increased by five LTC beds.
Dennis Franklin Cromarty Suboxone Detoxification St. Joseph's Care Group	The project aimed to achieve marked reductions in opioid and other drug use among students, give them an opportunity to overcome their dependencies in a safe environment, and offer a chance for physical, mental and emotional recovery, thus increasing the number of graduates. Nearly all youth succeeded in becoming substance free by participating in the program.
Enhanced High-Intensity Services for Individuals on the Long-Term Care Wait List North West Community Care Access Centre	Increased funding for high-intensity services over the six-month period between October 2013 and March 2014 allows 112 individuals currently on the LTC wait list to remain in the community while awaiting LTC placement. Represents 4,000 avoided ALC days for the six-month period.
Integration Between Primary Care and Home for the Frail Elderly and Individuals with Chronic Disease North West Community Care Access Centre	Through provision of a dedicated resource in the primary care setting, patients with chronic disease will be identified and connected with the appropriate community services. Anticipate a reduction in unnecessary hospitalizations and emergency department (ED) visits as a result of improved transitions between primary care and community services.
Intensive Client Coach for Complex, Vulnerable Individuals North West Community Care Access Centre	This program will connect complex vulnerable patients with complex needs, who generally have more than 15 ED visits per year, with a dedicated client coach to help implement and assume ownership of their coordinated care plan. It is estimated that 50 individuals will be served, and that avoidable ED visits among that group will be reduced by 70%.
	District of Kenora Integrated District Network
Enhanced Capacity for Assisted Living Services for High Risk Seniors in Kenora Kenora Board of Management	Enhance services for existing supportive housing clients, and expand the number of clients receiving services. By increasing capacity, it is expected that LTC demand will be reduced by 2,423 days, or approximately 6.67 LTC beds annually.
Aboriginal Diabetes Education and Healthy Living Kenora Chiefs Advisory	Targeting identified First Nations communities, this program will reduce the incidence of diabetes and promote diabetes management through education. Expected outcomes are reduced adverse events, leading to a reduction in hospitalizations associated with diabetes-related conditions.
	Northern Integrated District Network
Enhanced Capacity for Assisted Living Services for High Risk Seniors in Sioux Lookout Kenora Board of Management	Enhance existing supportive housing services, and expand the number of clients receiving services to reduce LTC demand. Estimate a savings of 1,217 LTC days, which represents about 3.33 LTC beds annually.
	Joint Impact: District of Kenora and Northern Integrated District Network
Regional Diabetes Footcare Program Sioux Lookout Meno Ya Win Health Centre and the NorWest Community Health Centres	Expansion of the number of sites and services delivered for two health service providers. Targeting the reduction of hospitalizations as a result of footcare-related issues by 10%, a savings of 447 inpatient hospital days.

in the North West LHIN compared to $47 provincially). Rates of Neonatal Abstinence Syndrome in newborns are much higher than the provincial average. The suicide rate in the Aboriginal population is very high compared with the non-Aboriginal population.

The aging population has led to increased pressures related to dementia and associated responsive behaviours. The North West LHIN continues to build community capacity to address dementia and responsive behaviours in older adults through support for the work of the Behavioural Supports Ontario strategy.

2013-2014 saw the continuation of existing services, as well as new programs and services targeted at improving access to mental health and addictions care across the region:

- The Behavioural Supports Ontario action plan for the North West LHIN has been implemented, with mobile outreach teams educating and supporting regional health service providers. As of the third quarter 2013-2014 there was a 33% reduction (from 2011-2012) in transfers from long-term care homes to hospital emergency departments for conditions related to responsive behaviours, and a 28% reduction in acute-care admissions;
- The Regional Behavioural Health Service was established and mobile teams for the District of Thunder Bay Integrated District Network (IDN), the District of Kenora IDN, and the District of Rainy River IDN. These teams support long-term care homes across the region to manage residents with responsive behaviours, reducing the need for transfers to acute care facilities;
- A 24-bed transitional behavioural supports unit was operationalized in the City of Thunder Bay;
- Through the North West Community Care Access Centre, eight out of 11 school boards across the North West LHIN now have nurses working with them to address mental health and addictions issues for children and youth. This represents a 73% increase in resources dedicated to this need;
- The Youth Substance Abuse Early Intervention Program, launched in Thunder Bay, was expanded to an additional site in Kenora;
- Working in partnership with the St. Joseph's Care Group (SJCG) and the City of Thunder Bay's Emergency Management Services, a local solution was developed to augment withdrawal management and crisis stabilization services in the City of Thunder Bay and reduce the reliance on the emergency department and inpatient adult mental health beds. Operated at SJCG's Balmoral Withdrawal Management Services location, this innovative program moved the Centre from a Level 2 to a Level 3 withdrawal medical centre with medical supports in place. This increased system capacity by converting 15 underutilized extended-stay beds into needed detoxification beds;
- Telepsychiatry was expanded to include a site in Fort Frances, with two more sites expected to launch next year;
- Two community development and wellness teams were introduced at the end of 2012-2013. These teams are tasked with developing community-based plans for mental health and addictions through work with First Nations communities in the North West; and
- A cross-jurisdictional working relationship was established between the North West LHIN and Health Canada to collaborate in addressing mental health and addictions issues among Aboriginal people. Six of the eight Health Service Integration Fund projects involving collaboration between First Nation communities, Health Canada, the Ministry of Health and Long-Term Care, the North West LHIN and other system partners focus on integrating and improving access to mental health and addictions services for Aboriginal people.

Priority Four: Enhancing Chronic Disease Prevention and Management

Chronic disease has a significant impact on population health. The North West LHIN falls behind the rest of the province on a number of measures including relatively poor health status, limited access to services, and lower health literacy. In the Northwest, rates of diabetes in the Aboriginal population are between two to three times higher than in the population as a whole, and the use of acute care for the management of diabetes is approximately twice the provincial rate. In Northwestern Ontario, 27% of admissions for congestive heart failure and 23% of admissions for chronic obstructive pulmonary disease result in readmission for the same condition.

To overcome regional challenges including geographic disbursement and limited access to primary and specialty care, the North West LHIN has developed innovative approaches to care:

- Through a collaborative effort between the Ontario Telemedicine Network, the North West Community Care Access Centre (CCAC) and

the North West LHIN, telehomecare has been expanded through the provision of funding for 100 new tele-monitoring devices; and

- This capacity is in addition to an existing program offered by Thunder Bay Regional Health Sciences Centre, which allows more than 300 persons newly-diagnosed with congestive heart failure and chronic obstructive pulmonary disease to receive care at home in the community. A 20% reduction in readmissions has been achieved through this program, and patients are better equipped to self-manage their disease as they adjust to their new diagnosis.

Other enhancements include:

- Proportion of stroke patients discharged from acute care who received a referral to outpatient rehabilitation is now the best in the province at 13.2%;
- The development of a common care pathway for chronic obstructive pulmonary disease; and
- A regional palliative care plan for the North West LHIN was developed with a focus on end-stage chronic disease.

It has been just over one year since the Regional Coordination Centre mandate for diabetes care was transitioned to the North West LHIN. In that short period of time, the North West LHIN has mobilized many programs and services including:

- Five patient-centred value stream mapping sessions were completed in collaboration with Health Quality Ontario for each of the North West LHIN's Integrated District Networks (IDN). These sessions, which included both health service providers and patients, established a baseline for the current state of diabetes care and informed the creation of a future-state map;

Value Stream Mapping Session - June 2013

- Diabetes Point-of-Care testing has been introduced in diabetes education programs and selected First Nations communities to improve glycemic control;
- A satellite site for the Acute Centre for Diabetes Care has been established at Sioux Lookout Meno Ya Win Health Centre. This site provides acute diabetes services for the Northern District IDN, where rates of diabetes are two to three times higher than in the population as a whole;
- Diabetes self-management training has taken place for over 300 health professionals to improve the ability of persons living with diabetes to manage their condition;
- The North West Community Health Centres has expanded foot care services, serving an additional 100 people with diabetes ;
- To address high rates of wounds, a new foot care self-management program was launched through the North West CCAC. The objective of the program is to reduce amputation rates among those living with diabetes;
- To further the uptake of evidence-based practices in primary care, the North West LHIN has recruited an Endocrinology Physician Lead and a Chronic Disease/Diabetes Physician Lead; and
- In March 2014, the North West LHIN's Annual Diabetes Forum took place, providing a forum where providers from across the region come together to brainstorm ways to build a culture of self-management, enhance clinical capacity, and improve diabetes care in Northwestern Ontario.

North West LHIN Annual Diabetes Forum, March 2014, Thunder Bay

Balmoral Withdrawal Management – Success Story

In February 2013, the North West LHIN announced funding for a pilot project that increased the crisis management and stabilization beds at St. Joseph's Care Group's Balmoral Withdrawal Management Centre located in Thunder Bay. With the investment, the centre was converted from a Level 2 non-medical facility with only seven crisis management beds to a Level 3 facility with 22 beds and 24-hour nursing support.

Work to implement the changes to the facility was completed in October 2013. Early data collected reveals very promising outcomes directly attributable to Balmoral's conversion:

- The investment expanded overall system capacity by eight additional beds, increasing resident days by 58%;
- During the three-month period in which the conversion was finalized, repeat visits within 30 days to Thunder Bay Regional Health Sciences Centre's (TBRHSC) emergency department for substance abuse decreased from 300 to 201; and
- In the second quarter of 2013-2014, there was a 42% decrease in inpatient admissions through TBRHSC's emergency department for substance abuse issues compared to the previous quarter.

The project's success is the direct result of the commendable work of a steering committee chaired by St. Joseph's Care Group and comprised of representatives from a diverse array of organizations, including the North West LHIN, City of Thunder Bay Drug Strategy, Shelter House, NorWest Community Health Centres, Thunder Bay Police, Superior North Emergency Medical Services, TBRHSC, Thunder Bay District Health Unit and Thunder Bay Counselling Centre. This group collaborated to develop cutting-edge protocols to enable ambulance diversion to Balmoral under specific circumstances, thereby reducing pressure on TBRHSC's emergency department and directing clients to more appropriate supports in the community.

Engaging Our Communities

Community engagement at the North West LHIN is guided by four key objectives:

1. To provide community stakeholders with balanced and objective information;
2. To obtain information on what is working well and can be improved upon, what service gaps exist, and what opportunities exist for service coordination and integration;
3. To ensure that stakeholders have a forum to voice concerns, and that stakeholder concerns and ideas are considered in decision-making and priority-setting activities; and
4. To build and maintain partnerships within and across sectors and communities.

The work of the North West LHIN is not done in isolation. Engaging with stakeholders, including the public, health service providers, community leaders, and others enables the LHIN to better understand local context and experiences. Through use of information provided by those who best know and understand their communities, priorities are set and decisions are made based on the unique needs of the region. There are currently six standing committees, in addition to advisory committees and working groups comprised of subject matter experts, that help the North West LHIN advance the priority areas defined in the Integrated Health Services Plan, assess potential service gaps, and identify access or equity issues:

Integration Leadership Council
Emergency Department/ Critical Care Advisory Team
eHEALTH Advisory Committee
Aboriginal Health Services Advisory Committee
French Language Advisory Committee
Health Professionals Advisory Committee

In 2013-2014, the North West LHIN met with 12,164 individuals at 1,234 events across the region, and beyond. The outcomes of our engagement efforts take many forms. They are reflected in the priorities of the Integrated Health Services Plan, in the development of local and regional strategies through value-stream mapping, awareness-building and engagement of non-health service providers in the community, and in the establishment of Health Links among LHIN-funded and non-LHIN funded providers, to name a few.

Aboriginal Community Engagement

Within the geographic area of the North West LHIN, there are 72 First Nation communities, and more than 21.5% of the population self-identify as Aboriginal, which includes First Nations, Métis, and Inuit people and those living off reserve and in urban areas. The health status of Aboriginal people in Northwestern Ontario is poorer than their non-Aboriginal counterparts on many measurable indicators including life expectancy, infant mortality, chronic disease, infectious disease, and hospitalization. Improving service delivery and health outcomes for Aboriginal people are key priorities for the North West LHIN.

Community engagement in Northwestern Ontario faces many of the unique challenges that impact health service delivery in our region. Many communities are remote and difficult to access – some can only be reached by air or seasonal roads. The North West LHIN is committed to building relationships based on trust and respect, created in part by actively seeking the guidance of our communities. Through this approach, engagement in the Northwest will continue to happen in ways that both acknowledge and bridge cultural, linguistic and geographic differences.

The North West LHIN continues to work in partnership with First Nation leaders at the community and regional levels, First Nation health directors, and many others. Some examples of engagement in 2013-2014 include:

- Aboriginal Health Services Advisory Committee (AHSAC) – Along with North West LHIN staff members, the committee is comprised of 19 members from diverse backgrounds including members from each of the four treaty areas, as well as health service providers, and community organizations. Recruitment is underway for Aboriginal youth representatives, who – along with the other committee members – will inform health system planning. The committee meets up to four times per year.
- Health System Integration Fund (HSIF) – HSIF is a five-year, $80 million Health Canada initiative supporting collaborative projects aimed at better meeting the health care needs of First Nations, Métis, and Inuit people in Canada. Eight Health Canada-approved projects have been implemented by First Nations communities in the North West LHIN over a three-year period. The North West LHIN is a member of the Advisory Committee, and our role is to provide guidance and direction throughout the projects on integration opportunities at the policy, program, service, or funding levels amongst all levels of government.
- Providing Culturally-Safe Services to Aboriginal People – Over the past year, the North West LHIN has met with multiple organizations including regional organizations, Provincial Territorial Organizations, and tribal organizations to identify areas of focus and gain understanding of barriers to access culturally-sensitive services, and to inform planning for culturally-appropriate health care programs and services. All LHIN-funded health service providers are required to create and submit a Cultural Competency Plan as part of their Service Accountability Agreements. The North West LHIN works with health service provider partners to promote culturally-safe access to care for all.

Between June and September of 2013 the North West LHIN activated its Emergency Plan, coordinating access to health services for residents of First Nations communities evacuated due to flooding and forest fires. This was a multi-jurisdictional coordinated effort, and the work done will serve to inform provincial emergency services planning.

Francophone Community Engagement

The North West LHIN continues to work in partnership with the Réseau du mieux-être francophone du Nord de l'Ontario, the French Language Health Planning Entity, to engage the Francophone population to achieve better health outcomes for Francophone persons in Northwestern Ontario. The third Joint Annual Action Plan has been developed, and the North West LHIN is incorporating the findings of the 2013-2014 report into health system planning.

The Francophone Lens is a framework adopted by the North West LHIN that is used to incorporate the Francophone perspective in the development stage of a program or project, as well as in our Integrated Health Services Plan activities. Along with the Health Equity Impact Assessment (HEIA) tool, the Francophone

Lens supports equity-based improvements and raises awareness of access to care as part of all planning activities.

In 2012, the 17 health service providers located in French Language Services-designated areas were asked to develop French Language Services Implementation Plans, to be implemented within a three-year timeframe. The plans must meet four criteria:

1. Increase knowledge and awareness of French Language Services requirements among both staff and the public;
2. Ensure capacity to provide an active offer of and delivery of services in French, including services provided electronically and through partnerships;
3. Include Francophone engagement in the assessment and identification of priorities in the development of programs, services and initiatives; and
4. Increase the integration of French Language Services in strategic planning and policy decision-making processes.

Through work with health service providers, the ultimate goal is to improve access to services in French and to achieve better health outcomes for the Francophone population of Northwestern Ontario.

Réseau du mieux-être francophone du Nord de l'Ontario

The Carrefours santé, established by the Réseau du mieux-être francophone du Nord de l'Ontario, are committees of Francophone citizens that convene regularly to identify opportunities and local issues, and to inform planning.

Within the North West LHIN, there are five Carrefours santé: two in the District of Kenora Integrated District Network (Ignace and Dryden), two in the District of Thunder Bay IDN (Greenstone and Marathon), and one in the City of Thunder Bay IDN.

Over the past year, 13 Carrefours santé sessions were held in the three IDN to share information about the activities underway within the North West LHIN, and to learn more from the community perspective about local barriers to care. Approximately 158 participants attended these sessions. The findings generated through these engagement activities serve to inform the North West LHIN's French Language Services planning. The findings are also shared during meetings with health service providers as they contribute valuable insight into barriers or gaps related to health services for Francophone residents of Northwestern Ontario.

Report on Ministry-LHIN Performance Indicators

The Ministry-LHIN Performance Agreement (MLPA) for 2013-2014 established the performance targets for the local health system. The North West LHIN works with health service providers to achieve the targets.

North West LHIN 2013-2014 Performance Indicators - As at May 12, 2014

PI No.	Performance Indicator	LHIN 2013/14 Starting Point	LHIN 2013/14 Performance Target	Most Recent Quarter 2013/14 LHIN Performance	FY 2013/14 LHIN Annual Result
1: Access to healthcare services					
1	90th percentile ER length of stay for admitted patients	31.00	28.00	29.55	26.87
2	90th percentile ER length of stay for non-admitted complex (CTAS I-III) patients	6.78	6.50	6.67	6.70
3	90th percentile ER length of stay for non-admitted minor uncomplicated (CTAS IV-V) patients	3.93	3.95	3.88	4.03
4	Percent of priority IV cases completed within access target (84 days) for cancer surgery	97.00%	90.00%	96.97%	96.95%
5	Percent of priority IV cases completed within access target (90 days) for cardiac by-pass surgery	NA	NA	NA	NA
6	Percent of priority IV cases completed within access target (182 days) for cataract surgery	97.00%	90.00%	95.48%	94.11%
7	Percent of priority IV cases completed within access target (182 days) for hip replacement	75.00%	80.00%	66.67%	64.85%
8	Percent of priority IV cases completed within access target (182 days) for knee replacement	61.00%	80.00%	73.97%	62.99%
9	Percent of priority IV cases completed within access target (28 days) for MRI scans	17.00%	30.00%	91.78%	52.02%
10	Percent of priority IV cases completed within access target (28 days) for CT scans	69.00%	80.00%	63.94%	60.48%
2: Integration and coordination of care					
11	Percentage of Alternate Level of Care (ALC) Days - By LHIN of Institution*	16.53%	17.50%	19.90%	18.14%
12	90th Percentile Wait Time for CCAC In-Home Services - Application from Community Setting to first CCAC Service (excluding case management)*	32.00	32.00	59.00	38.00
3: Quality and improved health outcomes					
13	Readmission within 30 Days for Selected CMGs**	16.87%	16.00%	18.77%	17.98%
14	Repeat Unscheduled Emergency Visits within 30 Days for Mental Health Conditions*	17.50%	16.60%	17.99%	17.91%
15	Repeat Unscheduled Emergency Visits within 30 Days for Substance Abuse Conditions*	29.30%	26.60%	32.05%	34.04%

*FY 2013/14 is based on most recent four quarters of data (Q4 2012/13 - Q3 2013/14) due to availability
**FY 2013/14 is based on most recent four quarters of data (Q3 2012/13 - Q2 2013/14) due to availability

Report on the Ministry-LHIN Performance Indicators

The following are brief summaries of North West LHIN performance on each of the above indicators. It is important to note that further detail can also be found throughout the Integrated Health Services Plan section as the IHSP is aligned with MLPA indicators.

Emergency Room Length of Stay

Within the North West LHIN, there were modest improvements in emergency department (ED) length of stay for admitted patients. In 2013-2014, the LHIN invested significant resources into both hospitals and the community sector to reduce the levels of alternate level of care (ALC) and promote better system flow. With these service enhancements, there was an increase in flow and reduced emergency department wait times for admitted patients. In the most recent quarter (Q4 of 2013-2014), ED wait times for admitted patients increased. This increase is directly correlated to an increase in the number of ALC patients at Thunder Bay Regional Health Sciences Centre.

For non-admitted patients, emergency department wait times have historically been among the lowest in the province. As a result of this, the LHIN and our health service provider partners determined that efforts to reduce wait times should be focused on admitted patients, while keeping a close eye on non-admitted wait times. The performance of the LHIN in 2013-2014 supports this position as wait times for both low and high acuity patients remained consistent with prior years and were very close to achieving the performance targets.

Cancer Surgery Wait Times

Wait times for cancer surgery continue to be among the lowest in the province. In the North West LHIN, the regional cancer program, in conjunction with the hospitals, put emphasis on ensuring timely access to care to ensure high-quality patient outcomes. As a result of the coordination and ecoperation among system partners, the LHIN continues to be a leader in this area.

Cataract Wait Times

Cataract wait times have improved greatly in the North West LHIN over the past several years through significant investment, which decreased the number of patients awaiting cataract surgery. As a result of these investments, the LHIN has been able to ensure timely access to care with virtually all patients being served within the best practice clinical access target.

Hip and Knee Replacement

The North West LHIN has implemented several strategies to improve access to hip and knee replacement surgery; however, the North West LHIN has not achieved the performance targets for total joint replacement.

One strategy in place to address this issue is the Regional Joint Assessment Centre (RJAC). This service provides patients with rapid access to an advanced practice clinician who can assess patients and determine whether they are surgical candidates, providing more expedient access to a surgeon for those that require surgery, and referral to other services for non-surgical patients. Additionally, the use of the centralized intake model provides patients with the option of being referred to a specific surgeon versus the first available surgeon. While the majority of patients that receive total joint surgical replacement surgery are being assessed through RJAC, many patients continue to opt to wait for specific surgeons, affecting the performance target which is reported at the 90th percentile.

In 2013-2014, the North West LHIN has advanced the development of a regional plan to guide the delivery of orthopaedic surgical services. Through this project, stakeholders including hospitals and surgeons are being engaged on the development of a plan to ensure timely and equitable access to quality orthopaedic services including hip and knee replacement surgery.

Diagnostic MRI Scans

In 2013-2014, the North West LHIN advanced from being one of the lowest performing LHINs to the highest performing LHINs in terms of providing timely access to an MRI scan. Over the course of the year, the number of North West LHIN priority 4 cases being completed within the best practice standard rose significantly from 17% to 91%.

This dramatic improvement is directly linked to the efforts undertaken by Thunder Bay Regional Health Sciences Centre (TBRHSC) to not only improve the operating efficiency of the MRI scanners (scans completed per hour of operation), but more importantly, to reduce the volume of unnecessary MRI scans completed. In the spring of 2013, the hospital, in conjunction with several other large hospitals in Ontario, completed a pilot project whereby each scan completed was assessed to determine whether it was appropriate based on the clinical evidence. This project demonstrated that a large portion of scans were not necessary based on clinical indications.

Additionally, in 2013-14 TBRHSC participated in a pilot project which is intended to reduce the reliance on MRI for the diagnosis of lower back pain. The Inter-

professional Spine Assessment and Education Centre (ISEAC) is intended to provide patients with rapid access to an advanced practice clinician to determine whether they need a surgical consult and also enhanced diagnostic imaging (i.e. MRI). This pilot project has resulted in patients receiving more timely access to assessment, and has avoided significant volumes of unnecessary diagnostic imaging.

These projects together resulted in a significant decrease in the number of MRI scans ordered, which has resulted in a significant improvement in MRI wait times that can be maintained over the long term.

Diagnostic CT Scans

Performance on CT scans has not improved in the past year. Within the North West LHIN, CT scanners are located in five of 12 acute care hospitals, with four of the five hospitals performing within target. For further information see page 19.

Alternate Level of Care (ALC)

While the LHIN has implemented many strategies to allow individuals to remain in home, and to return to home following hospitalization, the number of days spent in hospital while awaiting long-term care placement has increased. Over the past year, the rate of ALC increased from 16.5% to 19.9%.

One factor influencing ALC rates is specific to small hospitals. It is often the case where a patient is residing in an acute care bed waiting for a long-term care (such as Eldcap) bed to open up in the hospital. While this is, in fact, correctly identified as ALC, the cases do not create system pressures as the small hospitals generally are not operating at full capacity (i.e. there are empty acute beds).

A full summary of specific North West LHIN strategies and investments to address ALC rates can be found on page 18.

North West Community Care Access Centre (CCAC) Wait Times

Over the past year, the 90th percentile wait times for North West CCAC service initiation have increased from 32 days to 59 days (Annual result: 38 days). While these increases were significant it is anticipated that wait times will be maintained at these levels as performance in 2013-2014 was impacted by a one-time event.

In the summer of 2013, additional physiotherapy services were migrated into the North West CCAC through the provincial physiotherapy reform. This transition resulted in the North West CCAC taking on a substantial number of new clients which all required assessments before initiating service, temporarily increasing wait times. For clients other than those impacted by the physiotherapy reform, wait times were at traditional levels with wait times of approximately 30 days.

Readmission Rates

Over the past year, readmission rates increased slightly in the North West LHIN from 16.87% to 18.77%. This increase cannot be attributed to any single provider or initiative which influenced the LHIN performance. As the North West LHIN works with stakeholders to address acute overcapacity pressures, all parties consider and monitor both length of stay and readmission rates to ensure that any reductions achieved in length of stay do not negatively impact patient outcomes which could result in increased readmission rates.

In 2013-2014, the North West LHIN began working with hospitals to implement the clinical practices as outlined in the clinical handbooks for Quality Based Procedures. Through the implementation of these practices, it is expected that readmission rates will decrease.

Rate of Repeat Emergency Department Visits for Mental Health Conditions

Over the past year, the North West LHIN's performance with respect to repeat emergency department visits related to mental health has remained relatively unchanged with the rate increasing from 17.5% to 17.9%. The North West LHIN has engaged stakeholders and implemented a wide variety of programs to decrease the reliance on the emergency department for mental health related conditions. Specifically, the expansion of telepsychiatry services and amendments to crisis response services were implemented and are expected to yield continued positive results in the year to come.

Rate of Repeat Emergency Department Visits for Substance Abuse

Over the past year, the North West LHIN has seen a decrease in performance related to repeat emergency department (ED) utilization for substance abuse conditions, with the rate increasing from 29% to 32% (Annual result: 34%).

However, the North West LHIN saw significant benefit from investment in the enhanced capacity for detoxification programs at the Balmoral Centre, operated by St. Joseph's Care Group in Thunder Bay. This program allowed intoxicated individuals to be safely monitored in a community setting versus having to be transferred to the ED. It is expected that the success

of this initiative will contribute to improving the North West LHIN's performance in 2014-2015, as much of this year's activities focused on start-up, recruitment, and construction. To read more about Balmoral Withdrawal Management Services, please see page 23.

LHIN Initiatives in Support of Ministry Priorities

Resource Matching & Referral (RM&R)

This year saw the completion of the development of common referral processes and forms for four care pathways, including:

- Hospital to Community Care Access Centre (CCAC) In-Home;
- Hospital to Rehabilitation;
- Hospital to Complex Continuing Care; and
- Hospital to CCAC for Long-Term Care.

Benefits of the program will include:

- Improving workflow and communication during the referral process;
- Matching patients/clients to earliest available and most appropriate care/support setting; and
- Enabling quality reporting and monitoring to identify process issues in referral systems and opportunities for improvement.

Home First

The Home First approach continues to be effective in reducing alternate level of care rates, improving patient flow, and expanding the options available to seniors, their caregivers, and families in terms of how their health care needs will be met following a hospital stay. Page 18 describes the region-wide gains achieved by applying the Home First philosophy in the North West LHIN.

Expanded Role for Community Care Access Centres (CCACs)

The North West CCAC oversees all placement into adult day programs, supportive housing and long-term care. That role has been further expanded to include assessment of eligibility and placement into complex continuing care and rehabilitation beds. An Implementation Steering Committee continues to monitor the implementation of this enhanced role for early identification of issues or concerns, and develops solutions.

Palliative Care

A comprehensive, integrated, regional palliative care model and plan are in development for the North West LHIN. The palliative care plan anticipates improved patient experience and better use of health care resources. Improved access to quality palliative care services in the community aligns with the recommendations of the North West LHIN's Health Services Blueprint, and will be achieved through the new model and plan in each Local Health Hub, Integrated District Network, and across the region.

Expansion of Physiotherapy, and Exercise and Falls Prevention Classes

Since the Ministry of Health and Long-Term Care announced in April 2013 that more seniors and residents across Ontario would benefit from improved access to physiotherapy as well as exercise and falls prevention classes, the North West LHIN has worked with health service providers to ensure the continuation of existing services and enhanced access to new and expanded services region-wide. Several notable examples of positive change resulting from the implementation of the new service delivery model include: additional weekly physiotherapy assistant hours at Pinecrest Home in Kenora, eight publicly-funded physiotherapy clinics in the region, and exercise and falls prevention classes delivered by the Victorian Order of Nurses and Patricia Region Senior Services Incorporated at 55 active sites across the region, which can accommodate approximately 2,500 seniors and other individuals in need.

Behavioural Supports Ontario (BSO)

With the implementation of the BSO Action Plan, the North West LHIN continues to observe better health outcomes and improvements in the care provided for individuals with responsive behaviours associated with dementia, mental illness, and other neurological conditions. At the same time, significant system impacts are also evident as a result of this initiative, such as a reduction in ALC and improved patient flow with the opening of the Behavioural Supports Unit at St. Joseph's Care Group. For a full summary of BSO activities in the North West LHIN, see page 19.

Regional Orthopaedic Capacity Planning

An Orthopaedic Regional Plan has been developed in alignment with the Health Services Blueprint to add capacity, implement standardized referral and treatment pathways, and improve access to integrated, person-centred orthopaedic services across all regions of the North West LHIN. Turn to page 18 for details about the Regional Plan as well as additional orthopaedic service improvements underway in the North West LHIN.

Financial statements of

North West Local Health Integration Network

March 31, 2014

North West Local Health Integration Network

March 31, 2014

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Independent Auditor's Report

To the Members of the Board of Directors of the
North West Local Health Integration Network

We have audited the accompanying financial statements of North West Local Health Integration Network, which comprise the statement of financial position as at March 31, 2014, and the statement of operations, change in net debt and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained in our audit is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of North West Local Health Integration Network as at March 31, 2014 and the results of its operations, change in its net debt, and its cash flows for the years then ended in accordance with Canadian public sector accounting standards.

Deloitte LLP

Chartered Professional Accountants, Chartered Accountants
Licensed Public Accountants
May 27, 2014

North West Local Health Integration Network

Statement of financial position
as at March 31, 2014

	2014	2013
	$	$
Financial assets		
Cash	657,412	675,600
Due from Ministry of Health and Long Term Care ("MOHLTC") Health Service Provider ("HSP") transfer payments (Note 9)	2,527,739	6,009,913
Accounts receivable	54,201	55,826
	3,239,352	6,741,339
Liabilities		
Accounts payable and accrued liabilities	413,665	379,189
Due to HSPs (Note 9)	2,527,739	6,009,913
Due to MOHLTC (Note 3)	291,334	340,689
Due to the LHIN Shared Services Office (Note 4)	6,614	11,548
Deferred capital contributions (Note 5)	178,805	270,854
	3,418,157	7,012,193
Net debt	(178,805)	(270,854)
Commitments (Note 6)		
Non-financial assets		
Tangible capital assets (Note 7)	178,805	270,854
Accumulated surplus	-	-

Approved by the Board

L. Jay Workentin
Director

W. Phillips
Director

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of operations
year ended March 31, 2014

	Budget (Note 8)	2014 Actual	2013 Actual
	$	$	$
Revenue			
MOHLTC funding			
HSPs transfer payments (Note 9)	607,504,400	636,139,370	626,111,646
Operations of LHIN	4,779,592	4,771,864	4,724,868
Aboriginal Community Engagement (Note 11)	160,000	160,000	160,000
Emergency Department ("ED") LHIN Lead (Note 13)	75,000	75,000	75,000
Critical Care ("CC") LHIN Lead (Note 16)	75,000	75,000	75,000
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead (Note 14)	100,000	100,000	100,000
Primary Care ("PC") LHIN Lead (Note 17)	-	75,000	75,000
French Language Health Services (Note 15)	106,000	106,000	106,000
Diabetes Regional Coordination Centre (Note 18)	1,063,570	1,063,570	436,821
Enabling Technologies for Integration Project Management Office (Note 12)	-	580,000	580,000
Amortization of deferred capital contributions (Note 5)	-	127,121	132,845
	613,863,562	643,272,925	632,577,180
Funding repayable to the MOHLTC (Note 3)	-	(291,334)	(440,689)
	613,863,562	642,981,591	632,136,491
Expenses			
Transfer payments to HSPs (Note 9)	607,504,400	636,139,370	626,111,646
General and administrative (Note 10)	4,779,592	4,821,735	4,845,042
Aboriginal Community Engagement (Note 11)	160,000	143,479	124,304
Enabling Technologies for Integration Project Management Office (Note 12)	-	480,742	482,808
ED LHIN Lead (Note 13)	75,000	75,000	74,449
CC LHIN Lead (Note 16)	75,000	72,425	73,924
Emergency Room/Alternative Level of Care ("ER/ALC") Performance Lead (Note 14)	100,000	100,000	92,485
Primary Care ("PC") LHIN Lead (Note 17)	-	73,396	73,449
French Language Health Services (Note 15)	106,000	106,000	106,000
Diabetes Regional Coordination Centre (Note 18)	1,063,570	969,444	172,384
	613,863,562	642,981,591	632,136,491
Annual surplus and accumulated surplus, end of year	-	-	-

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of change in net debt
year ended March 31, 2014

	2014	2013
	$	$
Annual surplus		-
Acquisition of tangible capital assets	(35,072)	(102,603)
Amortization of tangible capital assets	127,121	132,845
Decrease in net debt	92,049	30,242
Net debt, beginning of year	(270,854)	(301,096)
Net debt, end of year	(178,805)	(270,854)

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Statement of cash flows
year ended March 31, 2014

	2014	2013
	$	$
Operating transactions		
Annual surplus	-	-
Less items not affecting cash		
Amortization of tangible capital assets	127,121	132,845
Amortization of deferred capital contributions (Note 5)	(127,121)	(132,845)
Changes in non-cash operating items		
Decrease (increase) in due from MOHLTC - HSPs transfer payments	3,482,174	(5,016,239)
Decrease in accounts receivable	1,625	48,009
Increase (decrease) in accounts payable and accrued liabilities	34,476	(138,403)
(Decrease) increase in due to HSPs	(3,482,174)	5,016,239
(Decrease) increase in due to MOHLTC	(49,355)	222
(Decrease) increase in due to LHIN Shared Services Office	(4,934)	(4,844)
	(18,188)	(95,016)
Capital transaction		
Acquisition of tangible capital assets	(35,072)	(102,603)
Financing transaction		
Increase in deferred capital contributions (Note 5)	35,072	102,603
Net decrease in cash	(18,188)	(95,016)
Cash, beginning of year	675,600	770,616
Cash, end of year	657,412	675,600

The accompanying notes to the financial statements are an integral part of these financial statements.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2014

1. Description of business

The North West Local Health Integration Network was incorporated by Letters Patent on June 16, 2005 as a corporation without share capital. Following Royal Assent to Bill 36 on March 28, 2006, it was continued under the Local Health System Integration Act, 2006 (the "Act") as the North West Local Health Integration Network (the "LHIN") and its Letters Patent were extinguished. As an agent of the Crown, the LHIN is not subject to income taxation.

The LHIN is, and exercises its powers only as, an agent of the Crown. Limits on the LHIN's ability to undertake certain activities are set out in the Act.

The mandates of the LHIN are to plan, fund and integrate the local health system within its geographic area. The LHIN spans carefully defined geographical areas and allows for local communities and health care providers within the geographical area to work together to identify local priorities, plan health services and deliver them in a more coordinated fashion. The LHIN covers the Districts of Thunder Bay, Rainy River and most of Kenora. The LHIN enters into service accountability agreements with service providers.

The LHIN is funded by the Province of Ontario in accordance with Ministry-LHIN Performance Agreement ("MLPA"), which describes budget arrangements established by the Ministry of Health and Long-Term Care ("MOHLTC") and provides the framework for the LHIN accountabilities and activities. These financial statements reflect agreed funding arrangements approved by the MOHLTC. The LHIN cannot authorize an amount in excess of the budget allocation set by the MOHLTC.

The LHIN assumed responsibility to authorize transfer payments to HSPs, effective April 1, 2007. The transfer payment amount is based on provisions associated with the respective HSP Accountability Agreement with the LHIN. Throughout the fiscal year, the LHIN authorizes and notifies the MOHLTC of the transfer payment amount; the MOHLTC, in turn, transfers the amount directly to the HSP. The cash associated with the transfer payment does not flow through the LHIN bank account. Commencing April 1, 2007, all funding payments to LHIN managed Health Service Providers ("HSP") in the LHIN geographic area, have flowed through the LHIN's financial statements. Funding allocations from the MOHLTC are reflected as revenue and an equal amount of transfer payments to authorized HSPs are expensed in the LHIN's financial statements for the year ended March 31, 2014.

The LHIN statements do not include any MOHLTC managed programs.

2. Significant accounting policies

The financial statements of the LHIN are the representations of management, prepared in accordance with Canadian public sector accounting standards. Significant accounting policies adopted by the LHIN are as follows:

Basis of accounting

Revenues and expenses are reported on the accrual basis of accounting. The accrual basis of accounting recognizes revenues in the fiscal year that the events giving rise to the revenues occur and they are earned and measurable; expenses are recognized in the fiscal year that the events giving rise to the expenses are incurred, resources are consumed, and they are measurable.

Through the accrual basis of accounting, expenses include non-cash items, such as the amortization of tangible capital assets and impairments in the value of assets.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2014

2. Significant accounting policies (continued)

Government transfer payments

Government transfer payments from the MOHLTC are recognized in the financial statements in the year in which the payment is authorized and the events giving rise to the transfer occur, performance criteria are met, and reasonable estimates of the amount can be made.

Certain amounts, including transfer payments from the MOHLTC, are received pursuant to legislation, regulation or agreement and may only be used in the conduct of certain programs or in the completion of specific work. Funding is only recognized as revenue in the fiscal year the related expenses are incurred or services performed. In addition, certain amounts received are used to pay expenses for which the related services have yet to be performed. These amounts are recorded as payable to the MOHLTC at period end.

Deferred capital contributions

Any amounts received that are used to fund expenses that are recorded as tangible capital assets, are recorded as deferred capital contributions and are recognized as revenue over the useful life of the asset reflective of the provision of its services. The amount recorded under "revenue" in the Statement of operations, is in accordance with the amortization policy applied to the related tangible capital asset recorded.

Tangible capital assets

Tangible capital assets are recorded at historic cost. Historic cost includes the costs directly related to the acquisition, design, construction, development, improvement or betterment of tangible capital assets. The cost of tangible capital assets contributed is recorded at the estimated fair value on the date of contribution. Fair value of contributed tangible capital assets is estimated using the cost of asset or, where more appropriate, market or appraisal values. Where an estimate of fair value cannot be made, the tangible capital asset would be recognized at nominal value.

Maintenance and repair costs are recognized as an expense when incurred. Betterments or improvements that significantly increase or prolong the service life or capacity of a tangible capital asset are capitalized. Computer software is recognized as an expense when incurred.

Tangible capital assets are stated at cost less accumulated amortization. Tangible capital assets are amortized over their estimated useful lives as follows:

Office furniture and fixtures	5 years straight-line method
Computer equipment	3 years straight-line method
Leasehold improvements	Life of lease straight-line method
Web development	3 years straight-line method

For assets acquired or brought into use during the year, amortization is provided for a full year.

Segmented information

A segment is defined as a distinguishable activity or group of activities for which it is appropriate to separately report financial information. Management has determined that existing disclosures in the Statement of operations and within the related notes for both the prior and current year sufficiently disclose information for all appropriate segments and therefore no additional disclosure is required.

Use of estimates

The preparation of financial statements in conformity with Canadian public sector accounting standards requires management to make estimates and assumptions that affect the reported amount of assets and liabilities, the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant items subject to such estimates and assumptions include valuation of accrued liabilities and useful lives of the tangible capital assets. Actual results could differ from those estimates.

North West Local Health Integration Network

Notes to the financial statements
March 31, 2014

2. Significant accounting policies (continued)

Adoption of new accounting standards

As at April 1, 2012, the LHIN adopted Public Sector Accounting Handbook *Section PS 1201, "Financial Statement Presentation"*, Section PS 2601 *"Foreign Currency Translation"*, PS 3410 *"Government Transfers"* and Section PS 3450, *"Financial Instruments"*. There was no impact of the adoption of these new standards on the financial statements.

3. Funding repayable to the MOHLTC

In accordance with the MLPA, the LHIN is required to be in a balanced position at year-end. Thus, any funding received in excess of expenses incurred, is required to be returned to the MOHLTC.

In accordance with the TPA, the LHIN is required to be in a balanced position at year end. Thus, any funding received in excess of expenses incurred, is required to be returned to MOHLTC.

The amount repayable to the MOHLTC related to the current year activities is made up of the following components:

			2014	2013
	Funding	Eligible expenses	Funding excess	Funding excess
	$	$	$	$
Transfer payments to HSPs	636,139,370	636,139,370	-	-
LHIN operations	4,898,985	4,821,735	77,250	12,670
Aboriginal Community Engagement	160,000	143,479	16,521	35,696
E-Health	580,000	480,742	99,258	117,192
ED LHIN Lead	75,000	75,000	-	551
Critical Care ("CC") LHIN Lead	75,000	72,425	2,575	1,077
ER/ALC Performance Lead	100,000	100,000	-	7,515
PC LHIN Lead	75,000	73,396	1,604	1,551
French Language Health Services	106,000	106,000	-	-
Diabetes Education	1,063,570	969,444	94,126	264,437
	643,272,925	642,981,591	291,334	440,689

The continuity of the amount due to the MOHLTC at March 31 is as follows:

	2014	2013
	$	$
Due to MOHLTC, beginning of year	340,689	340,467
Funding repaid to MOHLTC	(340,689)	(340,467)
Funding repayable to the MOHLTC related to current year activities	291,334	440,689
In year surplus recovered by MOHLTC	-	(100,000)
Due to MOHLTC, end of year	291,334	340,689

North West Local Health Integration Network

Notes to the financial statements
March 31, 2014

4. Related party transactions

The LHIN Shared Services Office (the "LSSO") and the Local Health Integration Network Collaborative (the "LHINC") are divisions of the Toronto Central LHIN and are subject to the same policies, guidelines and directives as the Toronto Central LHIN. The LSSO and LHINC, on behalf of the LHINs are responsible for providing services to all LHINs. The full costs of providing these services are billed to all the LHINs. Any portion of the LSSO operating costs overpaid (or not paid) by the LHIN at year end is recorded as a receivable (payable) from (to) the LSSO. This is all done pursuant to the shared service agreement the LSSO has with all LHINs.

5. Deferred capital contributions

	2014	2013
	$	$
Balance, beginning of year	270,854	301,096
Capital contributions received during the year	35,072	102,603
Amortization for the year	(127,121)	(132,845)
Balance, end of year	178,805	270,854

6. Commitments

The LHIN has commitments under various operating leases related to building and equipment extending to 2016. Lease renewals are likely. Minimum lease payments due in each of the next five years are as follows:

	$
2015	312,868
2016	98,232
2017	19,332
2018	6,088
2019	3,993
	440,513

The LHIN also has funding commitments to HSPs associated with accountability agreements. Minimum commitments to HSPs related to the next five years, based on the current accountability agreements, are as follows:

	$
2015	309,533,730
2016	197,576,730
2017	128,022,114
	635,132,574

The actual amounts which will ultimately be paid are contingent upon actual LHIN funding received from the MOHLTC.

North West Local Health Integration Network

Notes to the financial statements

March 31, 2014

7. Tangible capital assets

	Cost	Accumulated amortization	2014 Net book value	2013 Net book value
	$	$	$	$
Office furniture and fixtures	376,135	319,257	56,878	76,884
Computer equipment	139,488	127,550	11,938	23,875
Leasehold improvements	727,067	617,078	109,989	170,095
Web development	7,250	7,250	-	-
	1,249,940	1,071,135	178,805	270,854

8. Budget figures

The budget was approved by the Government of Ontario. The budget figures reported in the statement of operations reflect the initial budget. The figures have been reported for the purposes of these statements to comply with PSAB reporting principles. During the year, the government approved budget adjustments. The following reflects the adjustments for the LHIN during the year:

The final HSP funding budget of $636,216,943 is derived as follows:

	$
Initial HSP funding budget	607,504,400
Adjustment due to announcements made during the year	28,634,970
Final HSP funding budget	636,139,370

The final LHIN budget, excluding the HSP funding, of $7,006,434 is derived as follows:

	$
Initial budget	6,359,162
Additional funding received during the year	
E-Health	580,000
Primary Care Lead	75,000
LHIN Operations - Physiotherapy	27,344
Amount treated as capital contributions made during the year	(35,072)
Final budget	7,006,434

North West Local Health Integration Network

Notes to the financial statements
March 31, 2014

9. Transfer payments to HSPs

The LHIN has authorization to allocate funding of $636,216,943 to the various HSPs in its geographic area. The LHIN approved transfer payments to the various sectors as follows:

	2014	2013
	$	$
Operation of hospitals	434,144,678	430,592,371
Grants to compensate for municipal taxation - public hospitals	105,375	105,375
Long term care homes	69,857,609	68,994,752
Community care access centres	52,178,133	49,289,693
Community support services	14,566,428	14,047,377
Acquired brain injury	1,817,346	1,817,347
Assisted living services in supportive housing	9,042,001	8,502,520
Community health centres	9,653,216	8,580,270
Community mental health program	30,219,856	30,527,514
Addictions program	14,554,728	13,654,427
	636,139,370	626,111,646

The LHIN receives funding from the MOHLTC and in turn allocates it to the HSPs. As at March 31, 2014, an amount of $2,527,739 (2013 - $6,009,913) was receivable from the MOHLTC, and $2,527,739 (2013 - $6,009,913) was payable to HSPs. These amounts have been reflected as revenue and expenses in the Statement of operations and are included in the table above.

10. General and administrative expenses

The statement of operations presents expenses by function. The following classifies general and administrative expenses by object:

	2014	2013
	$	$
Salaries and benefits	3,333,357	3,398,182
Occupancy	211,801	240,174
Amortization	127,121	132,845
Equipment and maintenance	51,838	41,926
Shared services	341,662	361,520
Public relations and community forums	15,255	27,727
Professional fees	14,800	14,800
Travel	115,017	110,807
Staff development and recruitment	159,290	106,810
Consulting services	72,942	27,352
LHIN collaborative	47,500	47,500
Supplies, printing and office	81,900	98,501
Other board member per diems	61,428	58,336
Board chair per diems	23,800	25,200
Other governance and travel costs	97,738	86,943
Mail, courier and telecommunications	66,286	66,419
	4,821,735	4,845,042

North West Local Health Integration Network

Notes to the financial statements

March 31, 2014

11. Aboriginal Community Engagement

The Ministry of Health and Long-Term Care provided $160,000 (2013 - $160,000) in additional base operational funding which was annualized for the purposes of engaging the Aboriginal population and organizations in the North West LHIN. During 2014, $143,479 (2013 - $124,304) of expenses were incurred.

12. Enabling Technologies for Integration Project Management Office

Effective February 1, 2012, the LHIN entered into an agreement with South East, North East and Champlain (the "Cluster") in order to enable the effective and efficient delivery of e-health programs and initiatives within the geographic area of the Cluster. Under the agreement, decisions related to the financial and operating activities of the Enabling Technologies for Integration Project Management Office are shared. No LHIN is in a position to exercise unilateral control.

The LHIN's financial statement reflects its share of the MOHLTC funding for Enabling Technologies for Integration Project Management Offices for its Cluster and related expenses. During the year, the LHIN received funding from Champlain LHIN of $580,000 (2013 - $580,000) and are made up as follows:

	2014	2013
	$	$
Salaries and benefits	403,946	401,645
Operating expenses	76,796	61,163
	480,742	462,808

13. Emergency Department LHIN Lead

The Ministry of Health and Long-Term Care provided $75,000 (2013 - $75,000) in one-time funding to support the compensation of the North West LHIN Emergency Department (ED) LHIN Lead. During the year, $75,000 of expenses were incurred (2013 - $74,449).

14. ER/ALC Performance Lead

The Ministry of Health and Long-Term Care provided one-time funding in the amount of $100,000 (2013 - $100,000) to support the compensation of the LHIN ER/ALC Performance Lead in 2013/14. During the year, $100,000 (2013 - $92,485) of expenses were incurred.

15. French Language Health Services

The Ministry of Health and Long-Term Care approved one-time funding of $106,000 (2013 - $106,000) to support the LHIN in its French Language Services activities. During the year, $106,000 (2013 - $106,000) of expenses were incurred.

16. Critical Care Lead

The Ministry of Health and Long-Term Care provided one-time funding in the amount of $75,000 (2013 - $75,000) to support the compensation of the LHIN Critical Care Lead in 2013/14. During the year, $72,425 (2013 - $73,923) of expenses were incurred.

North West Local Health Integration Network

Notes to the financial statements

March 31, 2014

17. Primary Care Lead

The Ministry of Health and Long-Term Care provided one-time funding in the amount of $75,000 (2013 - $75,000) to support the compensation of the LHIN Primary Care Lead in 2013/14. During the year, $73,396 (2013 - $73,449) of expenses were incurred.

18. Diabetes Regional Coordination Centre

The Ministry of Health and Long-Term Care provided base funding in the amount of $1,063,570 (2013 - $484,700) to support the compensation of the LHIN Diabetes Regional Coordination Centre in 2013/14. During the year, $969,444 (2013 - $220,263) of expenses were incurred and are included in general and administrative expenses in the statement of operations and capital asset purchase of $nil (2013 - $47,879) are included in tangible capital assets on the statement of financial position and are made up as follows:

	2014	2013
	$	$
Salaries and benefits	814,487	113,026
Operating expenses	154,957	59,358
General and administrative expenses	969,444	172,384
One-time expenses - capital purchases	-	47,879
	969,444	220,263

19. Pension agreements

The LHIN makes contributions to the Hospitals of Ontario Pension Plan ("HOOPP"), which is a multi-employer plan, on behalf of approximately 37 members of its staff. The plan is a defined benefit plan, which specifies the amount of retirement benefit to be received by the employees, based on the length of service and rates of pay. The amount contributed to HOOPP for fiscal 2014 was $356,413 (2013 - $321,703) for current service costs and is included as an expense in the Statement of operations. The last actuarial valuation was completed for the plan in December 31, 2013. At that time, the plan was fully funded.

20. Guarantees

The LHIN is subject to the provisions of the *Financial Administration Act*. As a result, in the normal course of business, the LHIN may not enter into agreements that include indemnities in favour of third parties, except in accordance with the *Financial Administration Act* and the related Indemnification Directive.

An indemnity of the Chief Executive Officer was provided directly by the LHIN pursuant to the terms of the Local Health System Integration Act, 2006 and in accordance with s. 28 of the *Financial Administration Act*.

North West Local Health Integration Network

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